

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Johy A Borland

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month June	Day 17	Years Age 48	Months	Days
Sex	Male	Color or Race	White		Birth-place	Md
Occupation	Run engine		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband				
Father's Name	Matthew Borland		Father's Birthplace			
Mother's Maiden Name	Aranaka		Mother's Birthplace			
Name of person giving information	Mrs Borland		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Phtisis Pulmonalis

How long

2 yrs.

Immediate

" " Yes

" "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

David Mackey  
Lewistown Pa.

Accident or Suicide?



Name  
in  
Full

Marioas Durand

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

1

Died at Leslie		Town		County		MARYLAND	
Date of death 1905	Month June	Day 26 <sup>th</sup>	Age —	Years —	Months —	Days 3	
Sex male	Color or Race white			Birthplace Leslie			
Occupation —		Where Residing If not at place of death					
Married, Single or Widowed single	Name of Wife or Husband —						
Father's Name Milo A. Durand			Father's Birthplace Elizabethtown, N.Y.				
Mother's Maiden Name Sarah F. Baldwin			Mother's Birthplace New York, N.Y.				
Name of person giving information Milo A. Durand			How related to deceased Father				

CAUSES OF DEATH

Primary

Hear

How long

Immediate



How long

Are the name, age, sex, color, date and place correctly given above?

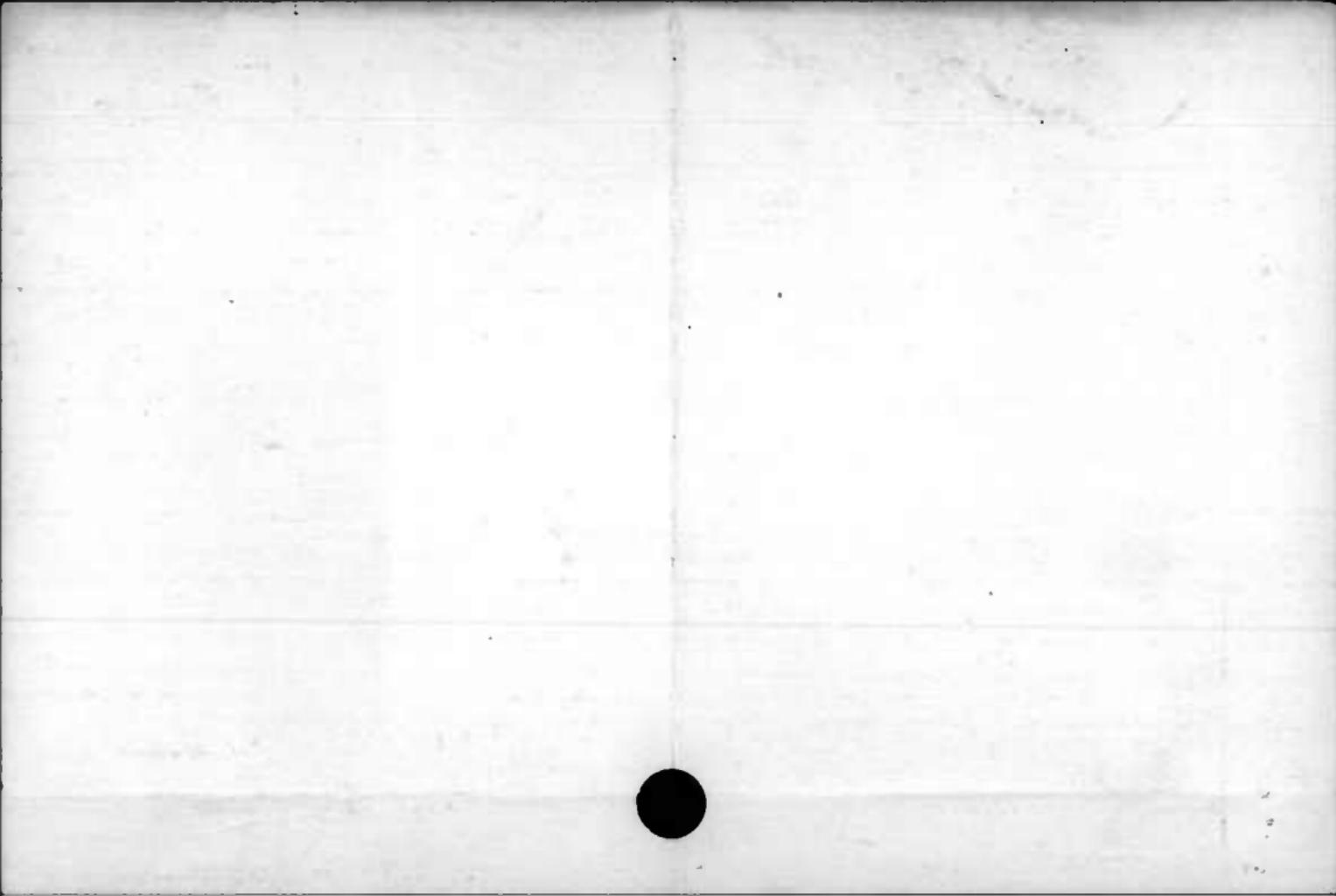
yes

Signature of Physician

B. K. Durand  
H. J. Durand

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Ester Rydolph. Foraker.				CERTIFICATE OF DEATH	
Died at <u>North East</u>		To <u>Cecil</u> County		MARYLAND	
Date of death <u>190</u>	Month <u>June</u>	Day <u>8</u>	Age	Months	Days
Sex <u>Male</u>	Color or Race	<u>White</u>			
Occupation		Where Residing if not at place of death <u>J. P. Foraker</u>			
Married, Single or Widowed	Name of Wife or Husband <u>J. P. Foraker</u>				
Father's Name	Father's Birthplace <u>North East.</u>				
Mother's Maiden Name	Mother's Birthplace <u>North East.</u>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary

Lmantic

How long

Immediate

Signature of Physician

Are the name, age, sex, color, date and place correctly given above?

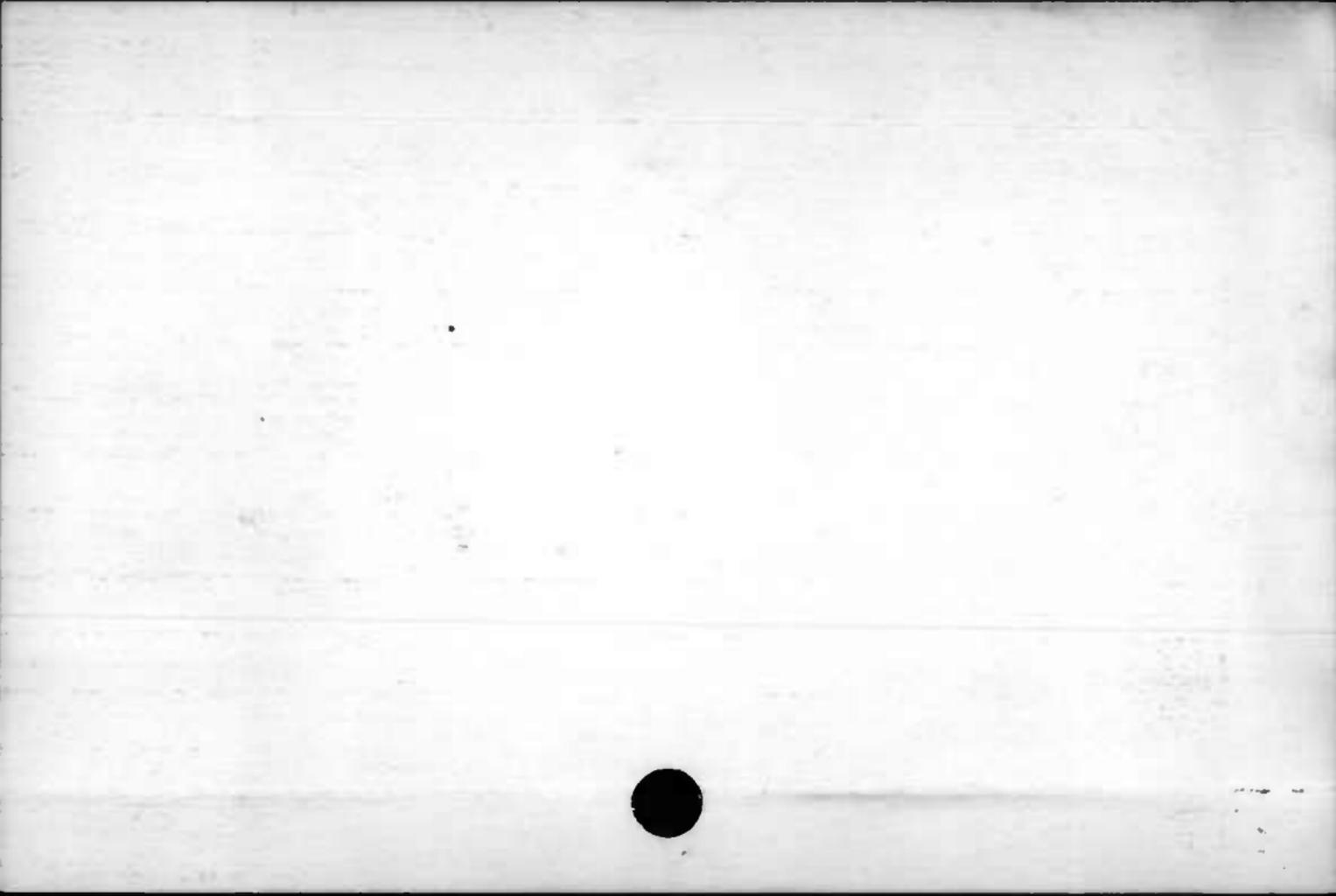
yes

Address

D. H. Schenckey  
North East

1

Another cause?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age	89	10	24
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	G. Lombard			
Father's Name	James Smith				
Mother's Maiden Name	Ann Smith				
Name of person giving information	Sarah Brown				

## CAUSES OF DEATH

Primary

General Debility

ix

How long

Immediate

x

y

Four weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. Richardson

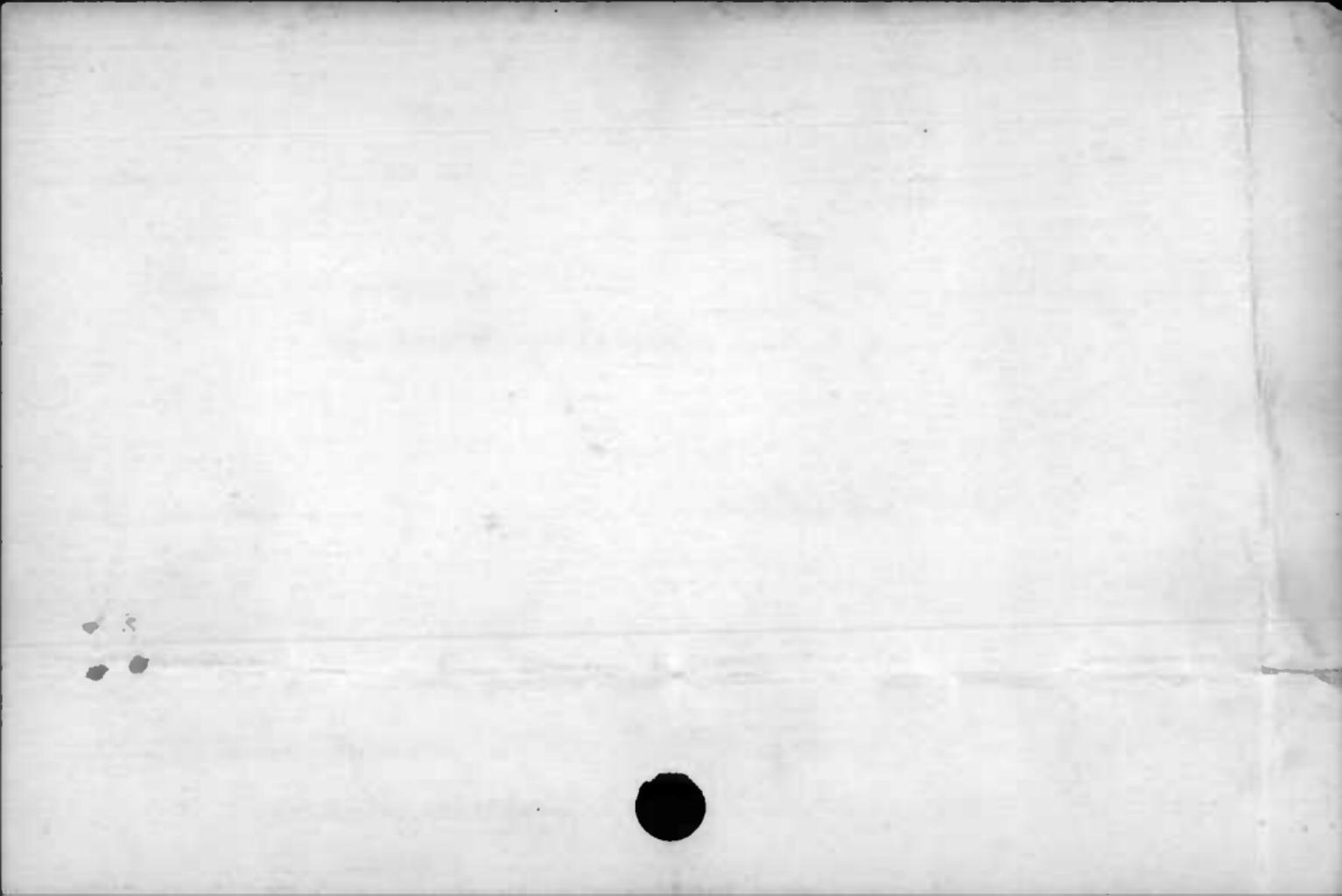
Address

Colveret Ma.



Accident or Suicide?

PHYSICIAN  
CORONER



Name  
in  
Full

Anna Ma Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month June	Day 9	Age 34	Years	Months Days
Sex Female	Color or Race white	Birth-place Princeps NW			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name	William Kirk	Father's Birthplace	Layton		
Mother's Maiden Name	E Brockley	Mother's Birthplace	..		
Name of person giving information	Earl Palmer,	How related to deceased	mr.		

CAUSES OF DEATH

Primary	Tuberculosis	How long	near death
Immediate	exanthem	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Job Allen  
Resy Sur. Med.

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

Thomas H McCullough

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
190	June	21	Age 62	-	-	
Sex	Male	Color or Race	White	Birth-place	Cecil Co	
Occupation	Farmer		Where Residing if not at place of death	Port Deposit		
Married, Single or Widowed	Single	Name of Wife or Husband	-	-		
Father's Name	Bellamy McCullough			Father's Birthplace	England	
Mother's Maiden Name	Mary J. Murray			Mother's Birthplace		
Name of person giving Information	G. E. McCullough			How related to deceased	Brother	

## CAUSES OF DEATH

Primary	Bright's Disease	✓	How long	6 months
Immediate	Exhaustion	✓	How long	few days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. E. Clemson	

Accident or Suicide?

Sam'l D. Taylor  
Rising Sun  
Md

Name  
in  
Full

Walter Francis McGuigan

CERTIFICATE OF DEATH

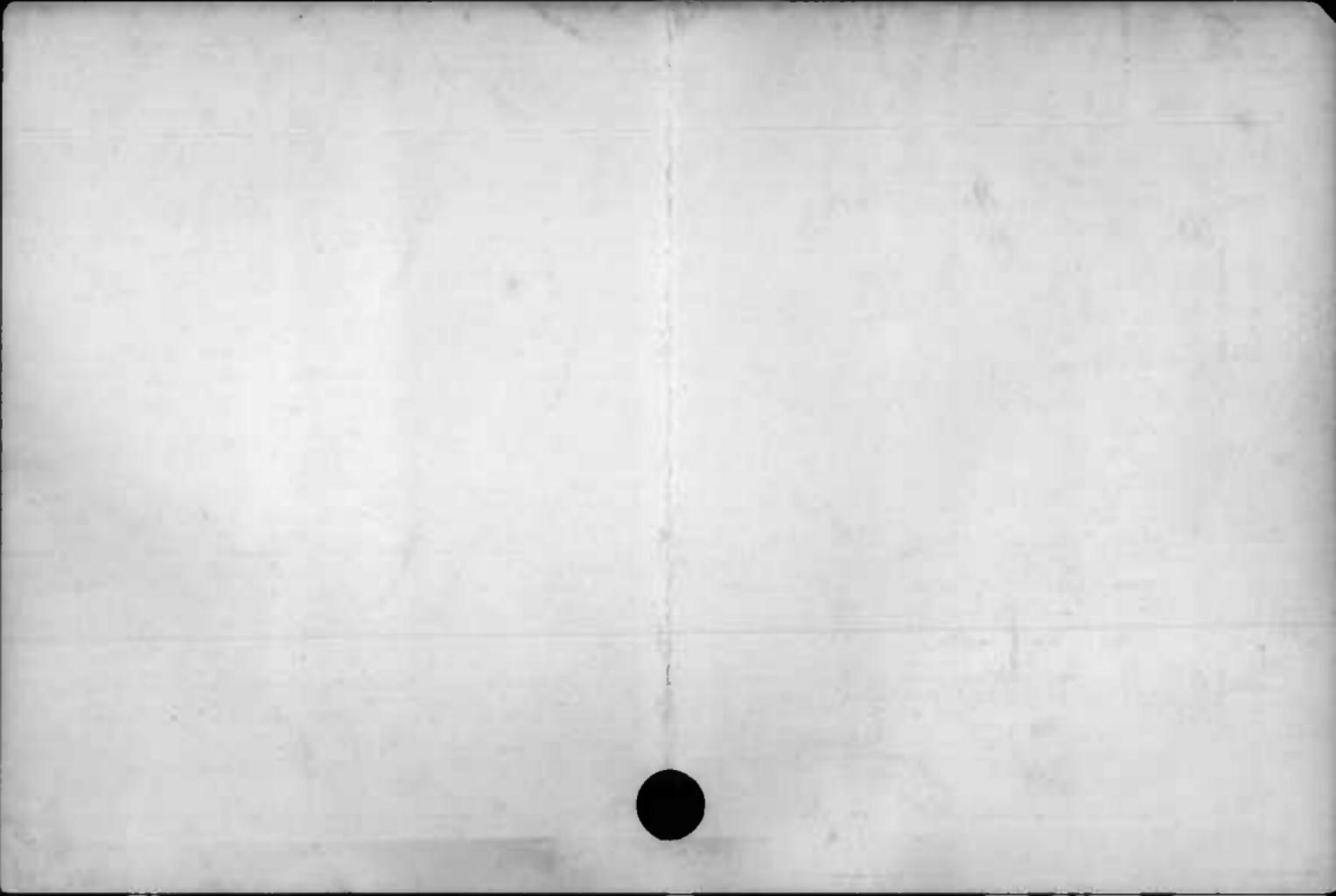
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	Pa MARYLAND	
Date of death 1905	Month June	Day 20	Years 22	Months 2 Days 18
Sex male	Color or Race white	Occupation Farmer	Birth-place Pilot	
Married, Single or Widowed married				
Name of Wife or Husband Emily A. Richie				
Father's Name Charles H. McGuigan	Father's Birthplace Cecil Co.			
Mother's Maiden Name Henrietta J. McCullough	Mother's Birthplace Cecil Co.			
Name of person giving Information Martha J. McGuigan	How related to deceased Sister			

CAUSES OF DEATH

Primary	Phtisis Pulmonalis	How long	One year
Immediate	Pulmonary Haemorrhage	How long	Two days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician	Geo W. Lillespik
		Address	Pleasant Grove Pa
This person lived at Pilot Md but died at Lyles Pa			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mr James Alford Garrison

80th & 21st

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Rock Springs			
Father's Name	Miss Ray Garrison.				
Mother's Maiden Name					
Name of person giving information	20				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary: Bright's Kidney disease stage 2 months  
Immediate:

How long  
How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

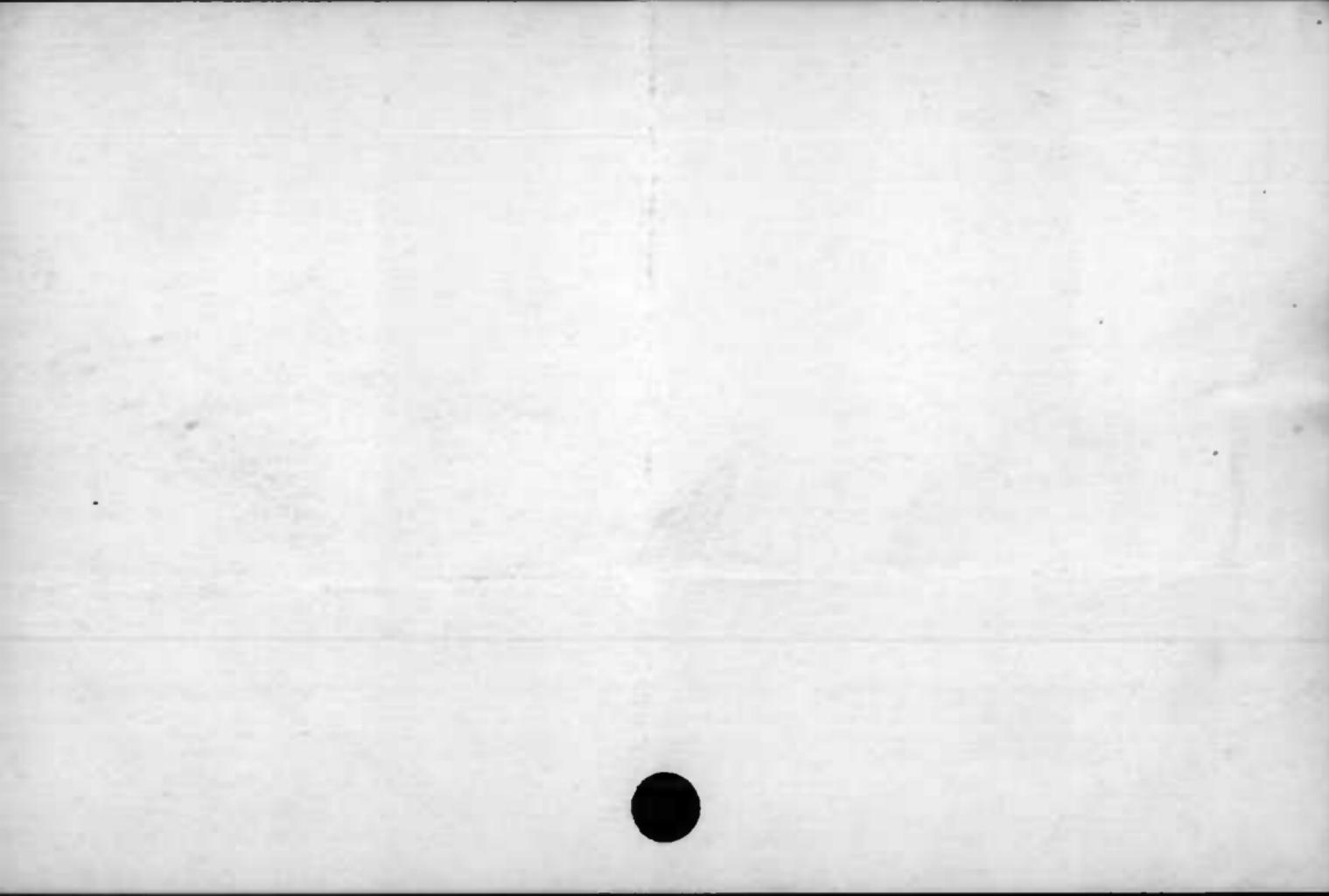
W.B. Jordan M.D.

Liberty Groves

Cecil Co Md.



Accident or Suicide?



Name in Full

Certificate of Death

Charles Gilbert Moore

Town County  
Died at Cecilton Cecil MARYLAND

Died at <del>Cecilton</del>	Month <del>1925</del>	Day <del>6, 5</del>	Y. M. D. <del>— 11 —</del>	Native of <del>Md</del>	Occupation <del>—</del>
Date <del>1925</del>	Age <del>—</del>	Male <del>White</del>	Married <del>Widow</del>	Divorced <del>Widower</del>	Number of children living <del>—</del>
<del>Female</del>	<del>Colored</del>	<del>Single</del>	<del>Widower</del>	<del>Number of children living</del> <del>—</del>	<del>—</del>

Husband of \_\_\_\_\_

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address  
1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's Name  
Mary Johnson,  
How long sick  
10 days  
OVER  
Accident, Suicide, Homicide  
OVER

R. M. Black  
Cecilton

Attended by Dr. R M Clark  
of Canton.

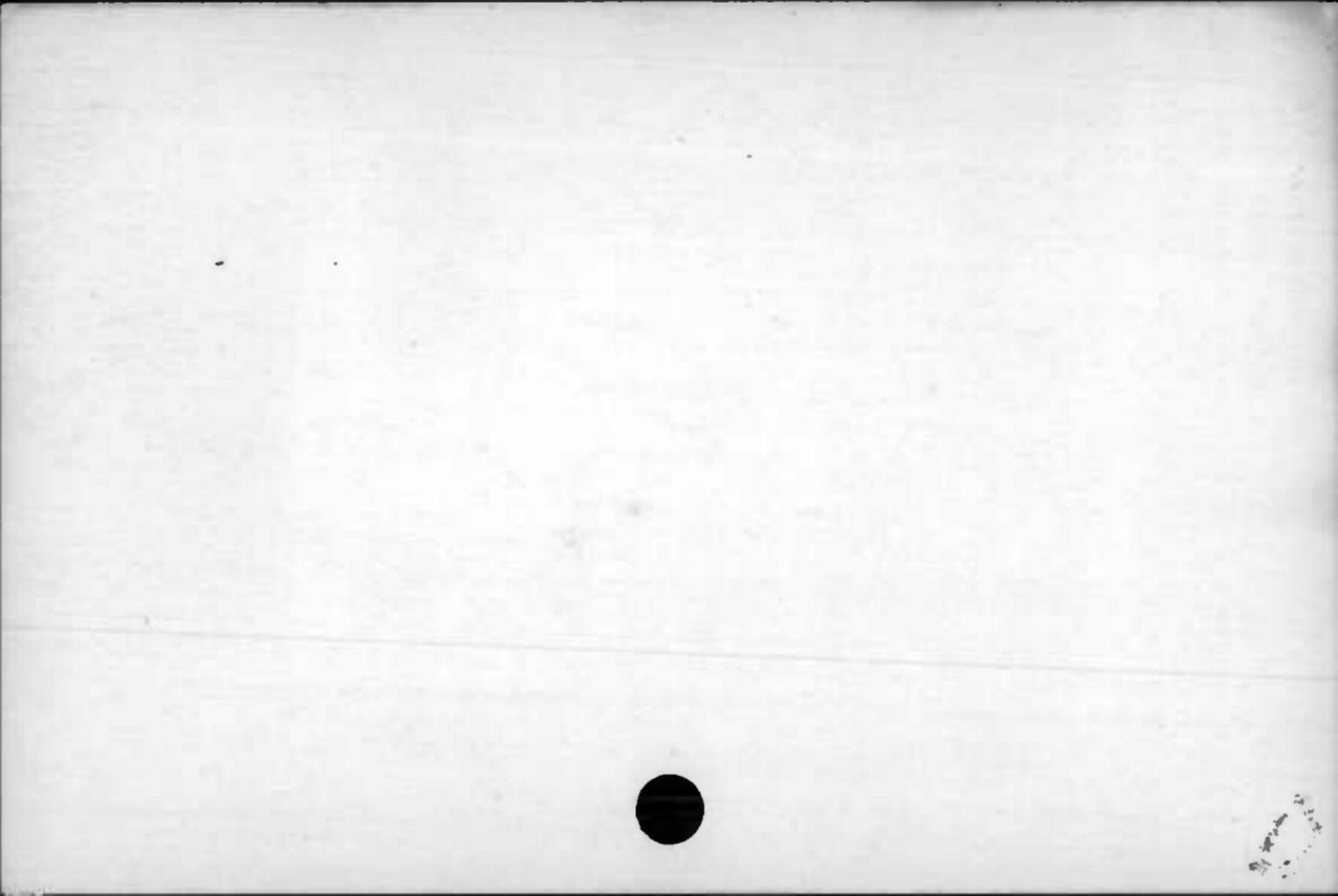
Seen by Coroner  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from Jane E Moose  
of Father

Died at	Town	Cecil		County	Maryland	
Date of death	Month	Day	Age	Years	Months	Days
1905	June	7				
Sex	Female	Color or Race	white	Birth-place	Cecil	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Robert Randolph		Father's Birthplace	Cecil Co. Md.		
Mother's Maiden Name	Petta Knight		Mother's Birthplace	Cecil Co. Md.		
Name of person giving Information	Petta Randolph		How related to deceased	mother		

## CAUSES OF DEATH

Primary	Still Born S.	How long
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes	Address	
Accident or Suicide?		



Name  
in  
Full

Elizabeth D. Richie

8th Decr

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County		MARYLAND		
Died at Conowingo	Cecil				
Date of death 1905 June	Month	Day	Years	Months Days	
8			Age 31	1	
Sex Female	Color or Race	White	Birth-place	New Jersey	
Occupation Seamstresses	Where Residing if not at place of death Conowingo Md				
Married, Single or Widowed	Name of Wife or Husband Edwd. Richie				
Father's Name	Father's Birthplace N. Jersey				
Mother's Maiden Name	Mother's Birthplace "				
Name of person giving Information	How related to deceased Father				
Spouse Hickman					

CAUSES OF DEATH

35

Primary

Serofulic

How long

several years

Immediate

External Ascites

How long

About 3 wks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Geo. T. Gillespie M.D.

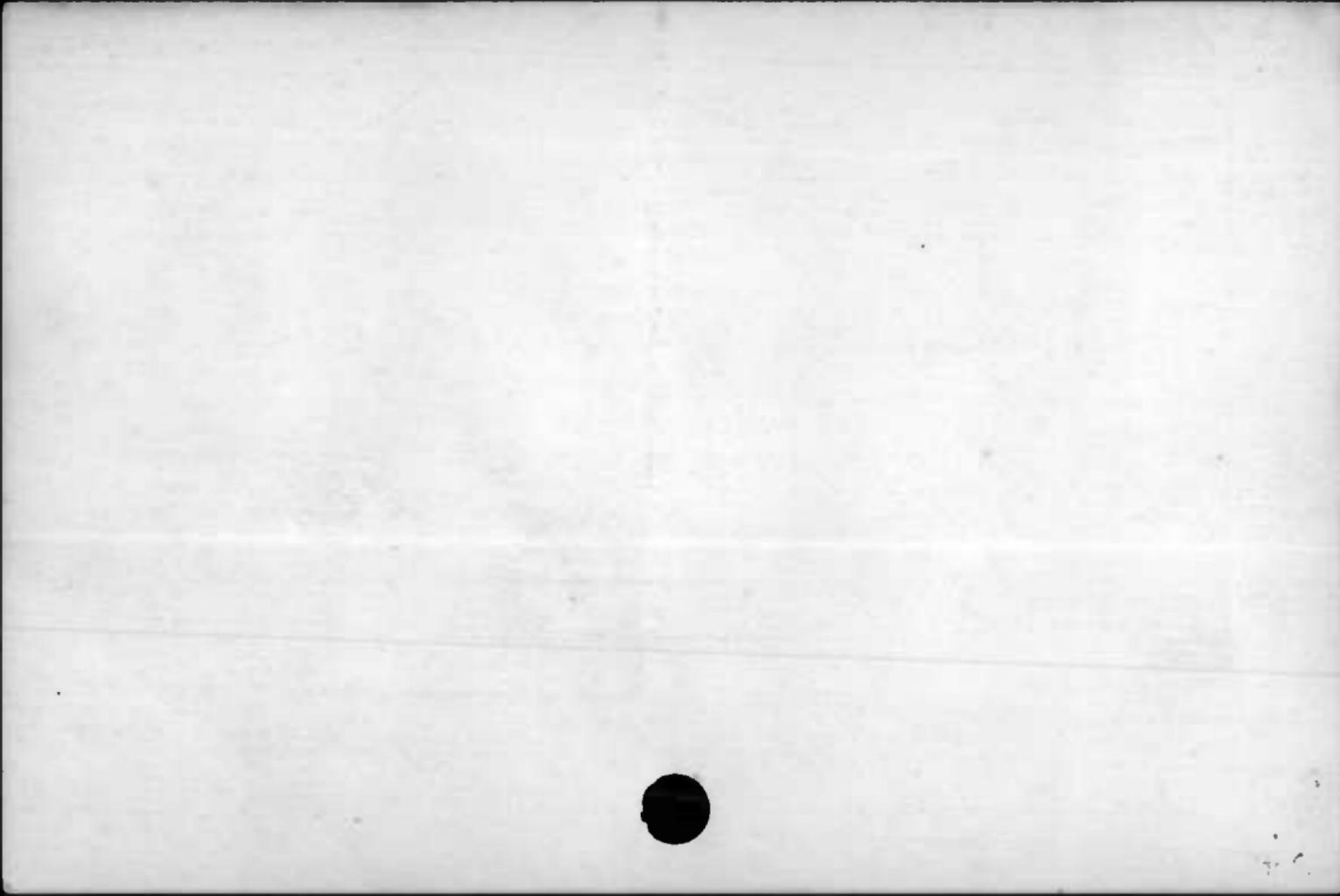
Address

Pleasant Grove  
Pa

PHYSICIAN OR CORONER



Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1

# Harriett R. Warrick

## CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Concord		Cecil	
Date of death	Month	Day	Years
1905	6	15	50
Age	Months	Days	
Sex	Color or Race	Birth-place	Not none
Female	Colored	Leoncord	
Occupation	Where Residing if not at place of death		
House wife	Leoncord		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mother's Birthplace
Married	John T. Warrick	Not None	" "
Father's Name	Wm. Lonigan	How related to deceased	Husband
Mother's Maiden Name	Not none		
Name of person giving information	John T. Warrick		

## CAUSES OF DEATH

Primary

Burn

X

How long

8 mnts

Immediate

Nephritis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. J. Conney MD  
Chesapeake City  
MD

Accident or Suicide?

